

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/324,823**  
-APPLICANT(S)-

FILING DATE  
**6/02/99**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	0					
TOTAL CLAIMS	3					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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Best Available Copy